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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

AMENDED/MODIFIED CHAPTER 13 PLAN AND RELATED MOTIONS

| Name o | of Debtor(| (s): | Tanya F. Galy | | | Case No: 17-3 | 4720-KRH | | |
|-------------------|-------------------------|--------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|-----------------------------|----------|
| This pla | n, dated _ | March 2 | 2, 2019 , is: | | | | | | |
| | [| ✓ a n | nodified Plan, wh | | case. dated <u>January 16, 2018</u> | <u>.</u> | | | |
| | | Da | te and Time of $\underline{\mathbf{N}}$ | Modified Plan Con | firmation Hearing: | May 8, 2019 | at 11:10an | <u>n</u> | |
| | | Pla | ace of Modified P | Plan Confirmation | Hearing: | | | | |
| | | <u>U.</u> | S. Bankruptcy C | Court, Courtroom | 5000, 701 E. Broad Stre | et, Richmond, | VA 23219 | | |
| | 1 | The Plan | provisions modif | fied by this filing | are: 2,4B,4D | | | | |
| | | Creditors | affected by this i | modification are: | all creditors on the att | ached list | | | |
| 1. Notic | | | | | | | | | |
| To Cred | | | | | | | | | |
| carefull | | scuss it wi | | | be reduced, modified, or in this bankruptcy case | | | | |
| confirm Court. | ation at le The Bank | least 7 day kruptcy (| ys before the dat Court may confi | te set for the hear rm this plan with | rovision of this plan, you ring on confirmation, un nout further notice if no timely proof of claim in | nless otherwise objection to co | ordered by nfirmation | the Bankru is filed. See | ıptcy |
| The foll | owing ma | atters ma | y be of particula | ar importance. | | | | | |
| | | | | | or not the plan includes ne provision will be ineff | | | | is |
| A. | | | | | n Section 4.A which may the secured creditor | y | ✓ N | ot included | |
| В. | Avoidano | ce of a ju | | npossessory, non | purchase-money | ☐ Included | ✓ N | ot included | |
| C. | | | visions, set out in | | | ☐ Included | ✓ N | ot included | |
| 2. | | | The debtor(s) pro | | rustee the sum of \$ 159 | 0.00 per <u>mo</u> | onth for _ | 17 month | ıs, ther |
| Other pa | yments to | o the Trus | tee are as follows | s: | | | | | |
| - | • | | | e Plan is \$ 7,86 | 3.00 | | | | |
| 3. | | | - | | riority claims in full unles | ss the creditor ag | grees otherv | vise. | |
| | - | | | nder 11 U.S.C. § | • | | | | |

The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums

received under the plan.

Check one box:

1.

2.

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| y I | Debtor(s)' attorney has chosen to be compensated pursuant to the "no-look" fee under Local Bankruptcy Rule 2016-1(C)(1)(a) |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|
| aı | nd $(C)(3)(a)$ and will be paid $\$4,994.00$, balance due of the total fee of $\$5,151.00$ concurrently with or prior to the payments |
| to | o remaining creditors. |

Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.

B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

 Creditor
 Type of Priority
 Estimated Claim
 Payment and Term

 County of Henrico
 Taxes and certain other debts
 276.31
 Prorata

County of Henrico Taxes and certain other debts 276.31 Prorata 5 months

County of Henrico Taxes and certain other debts 159.58 Prorata 5 months

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u>

Payment and Term

4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.

A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u> <u>Collateral</u> <u>Purchase Date</u> <u>Est. Debt Bal.</u> <u>Replacement Value</u>

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

CreditorCollateral DescriptionEstimated ValueEstimated Total ClaimSantander Consumer USA2013 Nissan Altima16,417.6416,417.64

C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

<u>Creditor</u> <u>Collateral</u> <u>Adeq. Protection Monthly Payment</u> <u>To Be Paid By</u>

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<u>Creditor</u> <u>Collateral</u> -NONE-

Adeq. Protection Monthly Payment To Be Paid By

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

 Creditor
 Collateral
 Approx. Bal. of Debt or "Crammed Down" Value
 Interest Rate Est. Term
 Monthly Payment & Est. Term

 Santander Consumer USA (Amount paid prior to surrender)
 2013 Nissan Altima (1,330.50)
 1,330.50
 5.25%
 prorata

E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

- 5. Unsecured Claims.
 - **A. Not separately classified.** Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately __1__%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately __0__%.
 - B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
 - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

 Creditor
 Collateral
 Regular
 Estimated
 Arrearage
 Estimated Cure
 Monthly

 Contract
 Arrearage
 Interest Rate
 Period
 Arrearage

 Payment

-NONE-

HOHL

B. Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

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 Creditor
 Collateral
 Regular Contract
 Estimated
 Interest Rate
 Monthly Payment on

 Payment
 Arrearage
 on
 Arrearage & Est. Term

 Arrearage
 Arrearage

-NONE-

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

<u>Creditor</u> <u>Collateral</u> <u>Interest Rate</u> <u>Estimated Claim</u> <u>Monthly Payment & Term</u>

7. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.

A. Executory contracts and unexpired leases to be rejected. The debtor(s) reject the following executory contracts:

Creditor -NONE-

Type of Contract

B. Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

<u>Creditor</u> <u>Type of Contract</u> <u>Arrearage</u> <u>Monthly Payment for Estimated Cure Period</u> Arrears

-NONE-

- 8. Liens Which Debtor(s) Seek to Avoid.
 - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by

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the plan.

- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

 Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 12. Nonstandard Plan Provisions
 - ✓ None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.C.

| Dated: March 22, 2019 | |
|-----------------------|-------------------------------------------------------------------------|
| /s/ Tanya F. Galy | /s/ Keith A. Pagano, Esq. |
| Tanya F. Galy | Keith A. Pagano, Esq. 47845 |
| Debtor | Debtor's Attorney |
| | tor(s) or Debtor(s) themselves, if not represented by an attorney, also |

By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in the Local Form Plan, other than any nonstandard provisions included in Part 12.

Exhibits: Copy of Debtor(s)' Budget (Schedules I and J); Matrix of Parties Served with Plan

Certificate of Service

I certify that on <u>March 22, 2019</u>, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

/s/ Keith A. Pagano, Esq.
Keith A. Pagano, Esq. 47845
Signature

4510 S. Laburnum Ave
Richmond, VA 23231
Address

(804) 447-1002

Telephone No.

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CERTIFICATE OF SERVICE PURSUANT TO RULE 7004

| | | Keith A. Pagano, Esg. 47845 |
|--------------------------|----------------------|--------------------------------------------------------------------------------------|
| | | /s/ Keith A. Pagano, Esq. |
| by certified mail in c | onformity with the i | requirements of Rule 7004(h), Fed.R.Bankr.P |
| ✓ by first class mail in | conformity with the | requirements of Rule 7004(b), Fed.R.Bankr.P.; or |
| following creditor(s): | | |
| I hereby certify that on | March 22, 2019 | true copies of the forgoing Chapter 13 Plan and Related Motions were served upon the |

| | his information to | | | | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------|
| Debtor | r 1 | Tanya F. Ga | ly | | | |
| Debtor (Spouse, | | | | | | |
| United | States Bankrupt | cy Court for the | : EASTERN DISTRICT | OF VIRGINIA | | |
| Case n | number 17- | 34720 | | | Ch | eck if this is: |
| (If known | n) | | | | | An amended filing |
| | | | | | | A supplement showing postpetition chapter 13 income as of the following date: |
| Offic | cial Form | <u> 1061</u> | | | | MM / DD/ YYYY |
| Sch | nedule I: \ | Your Inc | ome | | | 12/1 |
| spouse | e. If you are separate shee | arated and you | ır spouse is not filing w | ith you, do not include informa | ion abo | th you, include information about your out your spouse. If more space is needed, number (if known). Answer every questio |
| supplyi spouse attach a Part 1: | e. If you are separate shee Describe ill in your emplo | arated and you et to this form. | ır spouse is not filing w | ith you, do not include informa | ion abo | out your spouse. If more space is needed, |
| supplyi spouse attach a Part 1: 1. Fi in | e. If you are sepa a separate shee : Describe | arated and you et to this form. e Employment pyment | r spouse is not filing w On the top of any additi | ith you, do not include informa ional pages, write your name ar | ion abo | out your spouse. If more space is needed, number (if known). Answer every questio |
| supplyi spouse attach a Part 1 1. Fi in If | e. If you are sepa a separate shee Describe ill in your emplo offormation. | e Employment byment chan one job, page with | ır spouse is not filing w | ith you, do not include informational pages, write your name ar | ion abo | out your spouse. If more space is needed, number (if known). Answer every question Debtor 2 or non-filing spouse |
| supplyispouse attach a Part 1: 1. Fi in If at in | Describe ill in your emploiformation. you have more to ttach a separate | e Employment byment chan one job, page with | r spouse is not filing w On the top of any additi | ith you, do not include informational pages, write your name ar Debtor 1 Employed | ion abo | Debtor 2 or non-filing spouse |
| supplyispouse attach a Part 1: 1. Fin in If at in er | Describe ill in your emploiformation. you have more to ttach a separate information about | e Employment chan one job, page with additional seasonal, or | r spouse is not filing w On the top of any additi | ith you, do not include informational pages, write your name are perfectly better 1 Employed Not employed | tion abo | Debtor 2 or non-filing spouse |
| supplyispouse attach a Part 1: 1. Fin in If at in er | Describe Describe Ill in your emploiformation. you have more t ttach a separate information about mployers. Include part-time, | e Employment chan one job, page with additional seasonal, or rk. chanded student | r spouse is not filing w On the top of any additi Employment status Occupation | Debtor 1 Employed Not employed Hair Stylist Mirus, LLC dba Great Clip | tion abo | Debtor 2 or non-filing spouse |
| supplyispouse attach a Part 1: 1. Fin in If at in er | Describe Ill in your employ formation. you have more to the formation about mployers. Include part-time, elf-employed work Occupation may income a separate with the formation about mployers. | e Employment chan one job, page with additional seasonal, or rk. chanded student | r spouse is not filing w On the top of any additi Employment status Occupation Employer's name | Debtor 1 Employed Not employed Hair Stylist Mirus, LLC dba Great Clip Hair 2417 Haversham Close Virginia Beach, VA 23454 | tion abo | Debtor 2 or non-filing spouse |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or List monthly gross wages, salary, and commissions (before all payroll 2.

- deductions). If not paid monthly, calculate what the monthly wage would be.
- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

| | | | non-fil | ling spouse |
|----|-----|----------|---------|-------------|
| 2. | \$ | 1,467.96 | \$ | N/A |
| 3. | +\$ | 0.00 | +\$ | N/A |
| 4. | \$ | 1,467.96 | \$ | N/A |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1 | Tanya F. Galy | | | С | ase number (if k | (nown) | 17-3 | 34720 | | |
|-----|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|------------------|----------------------|-------------------|-----------|-------------------|------------------------------------------------|
| | 0 | or Programme | | | | For Debtor 1 | 7.00 | | Debtor | spouse | |
| | Сор | y line 4 here | | 4. | | \$1,46 | 7.96 | . \$_ | | N/A | <u>. </u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Secur | ity deductions | 5a | ١. | \$ 17 | 2.94 | \$_ | | N/A | <u></u> |
| | 5b. | Mandatory contributions for reti | • | 5b | | | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retire | - | 5c | | | 0.00 | \$_ | | N/A | _ |
| | 5d. | Required repayments of retirement | ent fund loans | 5d | | . — | 0.00 | \$_ | | N/A | _ |
| | 5e. | Insurance | | 5e | | · | 0.00 | \$_ | | N/A | _ |
| | 5f. 5g. | Domestic support obligations Union dues | | 5f. 5g | | | 0.00 | • | | N/A | _ |
| | 5g. 5h. | Other deductions. Specify: | | 5y 5h | | * | 0.00 | | | N/A N/A | _ |
| 6. | | I the payroll deductions. Add lines | 5a+5h+5c+5d+5e+5f+5d+5h | 6. | | | 2.94 | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay | Ğ | 7. | Ì | \$ 1,29 | | * - \$ | | N/A | _ |
| 8. | | all other income regularly received Net income from rental property profession, or farm Attach a statement for each proper receipts, ordinary and necessary by | d: and from operating a business, ty and business showing gross | | | | | · | | | _ |
| | | monthly net income. | | 8a | | | 5.00 | \$_ | | N/A | _ |
| | 8b. 8c. | Interest and dividends | ou, a non-filing spouse, or a depend | 8b | ٠. | \$ | 0.00 | \$_ | | N/A | _ |
| | 8d. 8e. 8f. | regularly receive Include alimony, spousal support, settlement, and property settlement Unemployment compensation Social Security Other government assistance th Include cash assistance and the vathat you receive, such as food star Nutrition Assistance Program) or h | child support, maintenance, divorce t. at you regularly receive alue (if known) of any non-cash assistance (benefits under the Supplemental | 8c 8d 8e | l. | \$ | 0.00 0.00 0.00 | \$_ \$_ \$_ | | N/A N/A N/A | _ |
| | | Specify: | | 8f. | | | 0.00 | . \$_ | | N/A | _ |
| | 8g. | Pension or retirement income | | 8g | ١. | \$ | 0.00 | . \$_ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | Federal & State Tax Refund (amortized) | 8h | .+ | \$23 | 3.00 | + \$_ | | N/A | |
| 9. | Add | all other income. Add lines 8a+8b- | +8c+8d+8e+8f+8g+8h. | 9. | \$ | 45 | 8.00 | \$_ | | N/A | A |
| 10 | Calc | culate monthly income. Add line 7 | Lline 9 | 10. | \$ | 1 753 02 | + \$ | | N/A | = \$ | 1 753 02 |
| 10. | | the entries in line 10 for Debtor 1 and | | 10. | Ъ_ | 1,753.02 | ┤ ┪┪ | | N/A | | 1,753.02 |
| 11. | Stat Inclu | te all other regular contributions to ude contributions from an unmarried per friends or relatives. not include any amounts already inclu | the expenses that you list in Sched partner, members of your household, y ided in lines 2-10 or amounts that are | our depe | | | | · | Schedule | e J. +\$ | 0.00 |
| 12. | | e that amount on the Summary of Sc | ine 10 to the amount in line 11. The hedules and Statistical Summary of Ce | | | | | | e. 12. | \$ | 1,753.02 |
| 13. | Do v | you expect an increase or decrease | e within the year after you file this fo | orm? | | | | | | Combi month | ned ly income |
| | | No. Yes. Explain: | | | | | | | | | |

Schedule I: Your Income

page 2

Official Form 106I

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| Fill | in this informa | tion to identify yo | our case: | | | | | |
|-------|-----------------------|------------------------------------------------------|------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------------------------------------|
| Deb | tor 1 | Tanya F. Ga | ly | | | Ched | ck if this is: An amended filing | |
| Deb | tor 2 | | | | | _ | · · | wing postpetition chapter |
| | ouse, if filing) | | | | | | 13 expenses as of | |
| Unite | ed States Bankr | uptcy Court for the | EASTE | RN DISTRICT OF VIRGIN | IA | - | MM / DD / YYYY | |
| | e number 17 | 7-34720 | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | 12/15 |
| info | rmation. If m | | eded, atta | . If two married people ar ich another sheet to this n. | | | | |
| Part | | ibe Your House | ehold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | | in a separ | ate household? | | | | |
| | ss. 266 | | w oopu. | | | | | |
| | | - | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ res |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses of | enses include f people other t d your depende | han _— | No Yes | | | | |
| exp | imate your ex | ate Your Ongoi penses as of y a date after the | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | ou are using this followed the second | orm as a su e <i>J</i> , check th | applement in a Cha ne box at the top o | apter 13 case to report f the form and fill in the |
| the | | n assistance an | | government assistance i cluded it on <i>Schedule I:</i>) | | | Your exp | enses |
| 4. | | or home owners and any rent for th | | ses for your residence. I | nclude first mortgag | e 4. \$ | 8 | 700.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | 3 | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4a. \$ | | 20.00 |
| | • | • | | ıpkeep expenses | | 4c. \$ | | 0.00 |
| | | owner's associa | | | | 4d. \$ | | 0.00 |
| 5. | Additional r | nortgage paym | ents for yo | our residence, such as ho | me equity loans | 5. \$ | S | 0.00 |

| Debtor | 1 Tanya F. Galy | Case number (if known) | 17-34720 |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------|
| 6. Ut i | ilities: | | |
| 6. 6 1 | | 6a. \$ | 152.00 |
| 6b | • | 6b. \$ | 120.00 |
| 6c. | | 6c. \$ | 179.00 |
| 6d | | 6d. \$ | 0.00 |
| | ood and housekeeping supplies | 7. \$ | 200.00 |
| | nildcare and children's education costs | 8. \$ | 0.00 |
| _ | othing, laundry, and dry cleaning | 9. \$ | 25.00 |
| | ersonal care products and services | 10. \$ | |
| | • | · — · · · · · · · · · · · · · · · · · · | 25.00 |
| | edical and dental expenses | 11. \$ | 40.00 |
| | ansportation. Include gas, maintenance, bus or train fare. o not include car payments. | 12. \$ | 150.00 |
| | ntertainment, clubs, recreation, newspapers, magazines, and b | | 0.00 |
| | naritable contributions and religious donations | 14. \$ | 0.00 |
| | surance. | 14. ψ | 0.00 |
| - | o not include insurance deducted from your pay or included in lines | 4 or 20 | |
| | a. Life insurance | 15a. \$ | 0.00 |
| | b. Health insurance | 15b. \$ | 0.00 |
| _ | c. Vehicle insurance | 15c. \$ | 100.00 |
| | d. Other insurance. Specify: | 15d. \$ | 0.00 |
| | Exes. Do not include taxes deducted from your pay or included in lir | | 0.00 |
| _ | necify: | 16. \$ | 0.00 |
| 7. Ins | stallment or lease payments: | | |
| 17 | a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17 | b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17 | c. Other. Specify: | 17c. \$ | 0.00 |
| 17 | d. Other. Specify: | 17d. \$ | 0.00 |
| | our payments of alimony, maintenance, and support that you d | | 0.00 |
| | ducted from your pay on line 5, Schedule I, Your Income (Office | | 0.00 |
| | her payments you make to support others who do not live with | | 0.00 |
| | pecify: | 19. | |
| | her real property expenses not included in lines 4 or 5 of this t | | |
| | a. Mortgages on other property | 20a. \$ | 0.00 |
| | b. Real estate taxes | 20b. \$ | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20 | d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20 | e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| l. O t | her: Specify: | 21. +\$ | 0.00 |
| 2. C a | alculate your monthly expenses | | |
| | a. Add lines 4 through 21. | \$ | 1,711.00 |
| | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official | | 1,711.00 |
| | | | 4 7 4 4 4 4 |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 1,711.00 |
| 3. Ca | alculate your monthly net income. | | |
| | a. Copy line 12 (your combined monthly income) from Schedule I. | . 23a. \$ | 1,753.02 |
| 23 | b. Copy your monthly expenses from line 22c above. | 23b\$ | 1,711.00 |
| 00 | College of the colleg | | |
| 23 | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ | 42.02 |
| | | L | |
| | you expect an increase or decrease in your expenses within | | |
| | r example, do you expect to finish paying for your car loan within the year or | do you expect your mortgage payment to inc | rease or decrease because of |
| | odification to the terms of your mortgage? | | |
| | No. | | |
| | Yes. Explain here: | | |

Allied Cash Advance 5000 Nine Mile Road Suite A Richmond, VA 23223

Allied Storefront LOC 1100 Locust Street Des Moines, IA 50391-1100

Allstate POB 40047 Roanoke, VA 24022-0047

Allstate Property and Casualty PO Box 3589 Akron, OH 44309

AMCA POB 1235 Elmsford, NY 10523-0935

America's Best PO Box 934802 Atlanta, GA 31193

American Heritage Life PO Box 4331 Carol Stream, IL 60197-4331

Asset Recovery Group, Inc. 4520 SE Belmonth #280 Portland, OR 97214

BCC Financial Mgmt Services 3230 W. Commercial Blvd Suite 200 Fort Lauderdale, FL 33309

Bon Secour Richmond Health Sys PO Box 28538 Henrico, VA 23228

Bon Secours Medical Group PO Box 843356 Boston, MA 02284 Bon Secours Sleep Disorders Ce 7007 Harbour View Blvd Suite 108 Suffolk, VA 23435

Check City PO Box 970183 Orem, UT 84097

Check into Cash 3059 Mechanicsville Tnpk Richmond, VA 23223

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Comcast Baltimore City c/o Credit Management LP PO Box 118288 Carrollton, TX 75011

Comcast Cable PO Box 3006 Southeastern, PA 19398

Commonwealth Ent Specialists PO Box 8310 Roanoke, VA 24014-0310

Commonwealth Radiology 1508 Willow Lawn Drive Suite 117 Richmond, VA 23230

County of Henrico PO Box 3369 Henrico, VA 23228

Credit Collection Service Two Wells Avenue Dept. 9136 Newton Center, MA 02459 Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23612

Credit Management RE: COMCAST 4200 International Pky Carrollton, TX 75007

Credit One Bank
P.O. Box 98872
Las Vegas, NV 89193-8872

Credit Protection Assoc Po Box 802068 Dallas, TX 75380

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Express Scripts PO Box 66580 Saint Louis, MO 63166-6580

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Focused Recovery Solutions 9701-Metropolitan Ct Ste B Richmond, VA 23236 GEICO One Geico Center Macon, GA 31296-0001

General Surgery at St. Mary's 7229 Forest Ave Suite 110 Richmond, VA 23226

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Good Health Express PO Box 3475 Toledo, OH 43607

Jefferson Capital Systems PO Box 7999 Saint Cloud, MN 56302

Labcorp 1447 York Court Burlington, NC 27215

Laburnum Med Center A-Dept P.O. Box 843356 Boston, MA 02284

LCA Collections PO Box 2240 Burlington, NC 27216

Lincare, Inc. PO Box 9521 Buffalo, NY 14226-9521

Loan Max 4802 S. Laburnum Avenue Richmond, VA 23231 MCV Physicians 1601 Willow Lawn Drive Suite 275 Richmond, VA 23230-3422

Memorial Regional Med Cen PO Box 409438 Atlanta, GA 30384-9438

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

MiraMed Revenue Group P.O. Box 536 Linden, MI 48451

National Credit Adjusters P.O. Box 3023 327 W 4th Street Hutchinson, KS 67504-3023

Neurology Clinic 7229 Forest Ave Suite 110 Richmond, VA 23226

One Advantage LLC 7650 Magna Drive Belleville, IL 62223

Parrish and Lebar 5 E. Franklin Street Richmond, VA 23219

Pitney Bowes c/o Allen, Maxwell & Silver, Inc. PO Box 540 Fair Lawn, NJ 07410

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Richmond Plastic Surgeons, Inc 5899 Bremo Road, Suite 205 Richmond, VA 23226-1925

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State Farm PO Box 2316 Bloomington, IL 61702

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Tidewater Credit Services 6520 Indian River Road Virginia Beach, VA 23464

Transworld Systems P.O. Box 1864 Santa Rosa, CA 95402

United Consumers, Inc. P.O. Box 4466 Woodbridge, VA 22194

VCU Health System P.O. Box 758997 Baltimore, MD 21275

Verizon 500 Tecnolgy Dr Ste 500 Weldon Springs, MO 63304

Wells Fargo Bank P.O. Box 4044 Conconrd, CA 94524-4044

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